

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

*CTD044580650

UNITED STATES SURGICAL CORP
150 GLOVER AVE
NORWALK

OT 06850

INSTALLATION ADDRESS

150 GLOVER AVE
NORWALK

CT 06850

EPA Form 8700-12B (4-80)

06/08/83

VLIA	U.S. ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY				INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the									
INSTALLA- TION'S EPA I.D. NO.		information on the label is incorrect, of through it and supply the correct in in the appropriate section below. If the complete and correct, leave Items I, below blank. If you did not receive a label associated with the complete and correct, leave Items I, below blank. If you did not receive a label associated with the correct part of the corr			ct, drav	a line mation								
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III. LOCATION OF INSTALLATION														
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IX. D	ESCRIPTION OF H	AZARDOUS WAST	ES (continued from	front	1 2	13 14 15	
A. HA	ZARDOUS WASTES F	ROM NON-SPECIFIC	Contractive Chippersupplement of the School of President	four-digit number from	40 CFR Part 261.31 fo	or each listed hazardous	
	2001000	2	3	4	5	6	
	7	8	9	10	23 - 26	12	
	23 - 25	23 26					
B. HAZ	ZARDOUS WASTES FI	ROM SPECIFIC SOUP	ICES. Enter the four-d	ligit number from 40 CF	R Part 261.32 for each	listed hazardous waste from	
spec			s. Use additional sheets	Control of the contro			
	13	14	15	16	17	18	
	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
	19	20	21	22	23	24	
	25 26	26	23 - 26	28 28	23 - 26	30	
C COS	AMERCIAL CHEMICA	1 PRODUCT HAZAR	DOUG WASTES Enter	the four digit number	23 - 26	33 for each chemical sub-	
stan	ce your installation har	idles which may be a h	azardous waste. Use ad	ditional sheets if necessar	iry.	33 101 each Chemical sub-	
	31	32	33	34	35	36	
	P 0 3 0	U 0 5 2	U 1 1 2	U 1 5 4	U 2 3 9		
	37	38	39	40	41	23 - 26 42	
	U 0 1 9	U103	U 1 1 7	U169			
	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
	U 0 4 4	U 1 0 8	U 1 1 3	U 1 7 0	1994 47	48	
	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
				CFR Part 261.34 for ea e additional sheets if ned		e from hospitals, veterinary	
	49	50	51	52	53	54	
		23 - 26			23 - 26	23 - 26	
		ON-LISTED HAZAF	RDOUS WASTES, Mark		sponding to the charact	eristics of non—listed	
	X1. IGNITABL		2. CORROSIVE	⊠3. REAC	TIVE	4. TOXIC	
Y CE	(D001)		002)	(D003)		(2000)	
I cer attaci I beli	X. CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.						
SIGNA"	TURE			ICIAL TITLE (type or	print)	DATE SIGNED	
0	TITE VICE	lhs	mes sup	elintensent Kr Drobacti		5/10/83	
			1 ,-0,:				

I.D. - FOR OFFICIAL USE ONLY

EPA Form 8700-12-(6-80) REVERSE

REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA	ID	Number:	CT D044680650	Company	Name: _	UNITED	STATES	SURGICAL	CORP
Date	of	Request	10/5/99	Town: _	N	ORTH HAVE	EN		

	CTION/ITEM BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
ī.	Name of Installation			
II.	Location of Installation			
III.	Mailing Address of Installation			
IV.a.	Installation Contact's Name	DAVID SENFT	STEVEN W BURKE	PER BRS SURVEY
b.	Installation Contact's Title	DIRECTOR	ENV ENGINEER	
c.	Installation Contact's Phone			
V.a.	Ownership			
b.	Property Owner		٠	
VI.	Status Originally noti	fied as:	Change Status to:	6
	(please circle) CESQG (<100			
	SQG (100 - LQG (>1000	1000 kg/month) kg/mth)		
	Transporter			
	T/S/D Facility			

REQUEST FOR CHANGE

Wota: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT <u>D044680650</u> Company Name: <u>UNITED STATES SURGICAL CORP.</u>

Date of Request: MARCH 23. 1998 Town: NORWALK

	CTION/ITEM BE CHANGED	CÚRRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
ı. I.	Name of Installation	EJ		
II.	Location of Installation			
III.	Mailing Address of Installation	150 GLOVER AVE. NORWALK, CT 06856	RD., NORTH HAVEN, CT 06473	PER 1997 LQG REPORT
IV.a.	Installation Contact's Name	WALTER S. HENNIG	DAVID SENFT	PER 1997 LQG REPORT
b.	Installation Contact's Title			
c.	Installation Contact's Phone	÷		
V.a.	Ownership			
b.	Property Owner			•.
VI.	Status Originally notif (please circle) CESQG (<100 }		Change Status to:	
SQG (100 - 1000 kg/month) LQG (>1000 kg/mth) Transporter			-	
	T/S/D Facility	*		

REQUEST FOR CHANGE

EPA I	D #: CID 04468	SOLOSO COMPAN	VY NAME: United S	Hates Surgical
Date	of Request:	TOWN:	_ Norw	xik
	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
I*	Name of Installation			0
II**	Location of Installation		(Col	D
III	Installation Mailing Address	3.0	11/14/9/2013	ons/a -
IV a.	Installation Contact's Name		Henris, Henris, Walter S.	Jen
Ъ.	Installation Contact Title		SUPT .	
с.	Installation Contact Phone #			
V a.	Ownership			
b.	Property Owner			
VI	Status	(Originally noting SQG (<100 kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	fied as:) Change status to:	

 $[\]star$ Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

^{**} If your company has moved to a new location then you must submit a new EPA Notification of Hazardous Waste Activity Form and obtain a new US EPA ID No.